Director

INFORMATIONAL LETTER NO.1326

DATE: November 27, 2013

Governor

TO: Iowa Medicaid Hospice, Nursing Facilities and Skilled Nursing Facilities

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Hospice in Nursing Facilities-Matching Date Ranges

EFFECTIVE: Upon Receipt

Hospice Revenue Code 658 reimburses the nursing facility (NF) 95 percent of its approved daily rate for a Medicaid member who resides in the NF and also receives Hospice. The Hospice provider bills for the daily 95 percent rate on behalf of the NF. When the NF reimbursement is received, the Hospice provider forwards it to the NF.

Hospice Revenue Code 651 reimburses the Hospice provider a routine Hospice rate for each day that the Hospice member lives in the NF.

Multiple claim issues are occurring because during a billing month, the date ranges for the NF (Revenue Code 658) do not match the date ranges for the routine Hospice benefit (Revenue Code 651) on claim forms submitted for reimbursement.

Effective December 1, 2013, if the date range for the NF reimbursement and the date range for the routine Hospice do not match the claim will deny.

The claim denial codes are as follows:

Electronic Billing Denial Code 38* Paper Billing Denial Code 288

For Hospice members living in a NF (Hospice/NF), the Hospice provider is responsible to ensure that any Case Activity Reports (CARs) needed to report member status changes are submitted to the Centralized Facility Eligibility Unit (CFEU). CFEU income maintenance enters CAR information into the eligibility system which is an integral component to provider reimbursement.

Please remember the following regarding Hospice/NF billing:

- Develop and maintain an effective communication process with the nursing facilities regarding any Hospice/NF member status changes.
- Submit required CARs to the CFEU within three days of a status change.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or locally in Des Moines at 515- 256-4609 or email at imeproviderservices@dhs.state.ia.us.

^{*} In compliance with ACA Phase III CORE 360 Uniform Use of Claim Adjustment Reason Codes and Remittance Advice Remark Codes (835) Rule, the verbiage for denial code 38 will be changing in the near future to be more user friendly. An Informational Letter will be issued when that change occurs.